

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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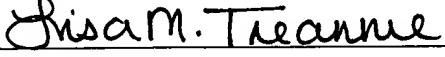
Total Number of Pages in This Submission

Application Number	09/735273
Filing Date	December 11, 2000
First Named Inventor	Edwin A. Clark
Art Unit	1634
Examiner Name	J. C. Switzer
Attorney Docket Number	WIBL-P01-534

ENCLOSURES (Check all that apply)

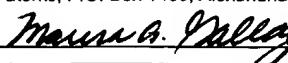
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Lisa M. Treannie		
Date	November 16, 2005	Reg. No.	41,368

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11-16-05

Signature:  (Maura A. Gallagher)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/735273
		Filing Date	December 11, 2000
		First Named Inventor	Edwin A. Clark
		Examiner Name	J. C. Switzer
		Art Unit	1634
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 950.00)	
		Attorney Docket No. WIBL-P01-534	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Ropes & Gray LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) <u>50</u> <u>25</u>							
Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u>							
Multiple dependent claims <u>360</u> <u>180</u>							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____	-	x	=	Fee (\$)	Fee Paid (\$)	_____	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	
_____	-	x	=	_____	_____	_____	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month <u>450.00</u>							
1401 Notice of appeal <u>500.00</u>							

SUBMITTED BY					
Signature	<u>Lisa M. Treannie</u>		Registration No. (Attorney/Agent)	41,368	Telephone (617) 951-7725
Name (Print/Type)	Lisa M. Treannie		Date	November 16, 2005	

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Dated: <u>11-16-05</u>	Signature: <u>Maura A. Gallagher</u> (Maura A. Gallagher)